



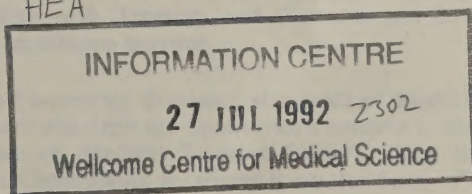
DEPARTMENT OF HEALTH

EUROPEAN COMMUNITY AND HEALTH POLICY

RESPONSE BY THE GOVERNMENT TO THE THIRD
REPORT FROM THE HEALTH COMMITTEE,
SESSION 1991-92

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The European Community and Health Policy: Response by the Government to the Third Report from the Health Committee, Session 1991–92

Introduction

This Command Paper sets out the Government's response to the Select Committee on Health's Report, "The European Community and Health Policy".¹ Some of the general points raised by the Committee are discussed in Part 1, particularly where there have been developments since the Department of Health gave evidence to the Committee. A response to the Report's conclusion is in Part 2.

PART 1

1.1 The publication of the Report of the Committee comes at an opportune moment: shortly before the start of the UK Presidency of the Council of Ministers of the European Community. It provides a valuable survey of some of the issues and opportunities presented by Community health activities.

1.2 The Government welcomed the agreement on public health reached at Maastricht. The Government believe that the public health article (A.129) achieved a sensible balance between giving renewed impetus to inter-governmental co-operation over the prevention of disease, whilst avoiding references to the delivery of health care, which remains the responsibility of Member States. It places Community action on health competence on a sounder legal footing. The Government believe that the underlying themes of the article can be pursued on the basis of inter-governmental action.

Tobacco

1.3 No vote on the draft directive to ban tobacco advertising was called for at the Council of Health Ministers in May. The Government will continue to keep under review the position on tobacco advertising, against the background of our long-standing policy that the best way to control the advertising and promotion of tobacco products is through the voluntary agreements we have with the tobacco industry. The Department has undertaken its own wide-ranging analysis of the effect of tobacco advertising on consumption, and this will be published once completed. The Department actively co-operates with Ministry of Agriculture Fisheries and Food by supporting them with health arguments to press for changes in the Common Agricultural Policy tobacco regime. It is also co-operating with Treasury and Customs and Excise on the health issues involved in tobacco taxation.

Free Movement of Professionals and Mutual Recognition of Qualifications

1.4 The Committee discussed standards of medical training in the EC. The Department will draw the Committee's remarks to the attention of the Advisory Committee on Medical Training (ACMT). The ACMT was set up by the European Commission to advise it on standards of medical training to try to ensure a comparable demanding standard of medical training throughout the Community.

¹ Third Report, Session 1991/92, HC 180.

1.5 The Committee argued that a large influx of medical students from the Community might place UK students at a disadvantage. The Secretary of State for Health has set up the Medical Manpower Standing Advisory Committee to advise her on future developments in the balance of medical supply and demand in the UK, including making recommendations about the medical school intake. The future balance between home, other EC and overseas doctors is one of the issues to be considered when developing its advice.

1.6 The Government agrees with the Committee's conclusion that the treatment of third country qualifications should be seen to be even-handed. It is of course equally necessary that any changes to existing provisions enable high professional standards to be maintained within the UK and enable us to continue to protect NHS patients by providing health services to a high degree of quality and safety.

Pharmaceuticals

1.7 The Committee's Report lists the wide range of measures recently agreed or still under discussion with the aim of completing the single market in pharmaceuticals in the European Community. The Government believe that health services and industry in the UK both stand to gain from the free circulation of pharmaceuticals in Europe. The Government therefore strongly support measures to achieve this. Central to this approach is the need to guarantee the highest standards of protection of public health in the UK and across the Community. The UK's approach to negotiations has been, and will continue to be, determined by that priority.

1.8 There has been further progress on a number of EC pharmaceutical initiatives since the publication of the Health Committee's Report. Negotiations on the "Future Systems" proposals for the free movement of medicinal products have recently moved forward rapidly. A second reading has been completed by the Council official Working Group and agreement has been reached on a number of issues of concern to the UK. The Government hope to maintain the pace of progress under the UK Presidency and to achieve a common position by the end of the year. The Council Directives on the rational use and advertising of medicinal products have been adopted and are now being implemented by Member States.

1.9 The Council Regulation introducing Supplementary Protection Certificates to extend the patent life of pharmaceuticals was finally adopted by the Internal Market Council in June.

PART 2

Agenda for Health during the UK Presidency

Conclusion of the Report. We recommend that, in its response to this Report, the Government seize the opportunity to lay out its agenda for health during its forthcoming Presidency.

2.1 The role of the Presidency is to chair meetings of the Council of Ministers and its official working groups. During the UK Presidency the Government will aim to ensure that efficient and effective progress is made on dossiers brought forward by the Commission. These are likely to include evaluation of the "Europe against Cancer" programme; and reports on drug demand reduction and health education in schools. In particular, the Government hope to promote a wide-ranging debate on all the factors which can contribute to a reduction in smoking.

2.2 At the same time, the Government intend to launch two initiatives for discussions at the Council of Health Ministers. Concerns have been expressed in the past that the development of health activities in the Community has been too piecemeal and lacks a clear focus. Building on the underlying objectives of the public health article in the Maastricht Treaty, the UK Presidency will initiate a debate on the need for the Council to develop a framework of action. This framework will seek to identify areas where Member States can work effectively

together on issues, such as smoking and drug abuse, which have a key impact on the prevention of disease. It will also suggest mechanisms which, in liaison with the Commission, can assess the relative priorities for Community action in public health. Thereafter, the Commission will be able, if necessary, to bring forward Community programmes to support the actions of Member States. The Government believe that this approach will help ensure that the Community engages in a selective range of public health measures of real added value to its population.

2.3 The Government will also promote an initiative in the field of communicable disease. This will be an example of the kind of broadly-based measure which would fit well with the proposed framework. It would encourage the maximum co-ordination of EC Member States' systems for identifying an outbreak of communicable (including food-borne) disease, together with co-operation over research and public education.



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